

SHORT
VERSION

Second pregnancy prevention among teenagers

A service in north England attempts to tackle second pregnancies among teenagers who already have a child. **Catriona Jones** and her colleagues explain the findings of a recent study into the effectiveness of the service.

The UK has the highest rates of teenage pregnancy in Western Europe (FPA, 2016). The impact of pregnancy in adolescence on the health of mothers and their babies is well documented: teenage pregnancy is associated with higher neonatal morbidity and mortality, low birthweight babies, and a higher risk of some obstetric complications (Azevedo et al, 2015).

Current estimates suggest that around one-fifth of births among under-18s are repeat pregnancies (Aslam et al, 2015; Teenage Pregnancy Advisory Group (TPIAG), 2010). The problems associated with these teenage mothers are more severe than for those who are parenting just one child (Rowlands, 2010). In addition to exacerbating the cycle of poverty and lack of education, teenage mothers pass on risk to their babies (LGA, 2013). These children may be more likely to suffer from child abuse or placed in foster care (Rowlands, 2010). The risks of low birthweight, increased mortality rate and poor health outcome increase for babies born to teenagers who already have a child. As such, services designed to reduce

second unplanned pregnancies are an important element in promoting teenage sexual health and the safeguarding of children (Viner et al, 2012).

The UK has seen major changes in sexual health services provision, including service integration and innovation. Local authorities have been mandated to take the lead in reducing teenage pregnancies, having been given the 'freedoms and flexibilities to do what fits to reduce teenage pregnancies in their area' (Department of Health (DH), 2013: 38). Yet, the features of successful initiatives aimed at preventing secondary unplanned pregnancies in teenagers remain relatively unknown. NICE guidance (2007) calls for more evidence of rigorous evaluation of the effectiveness of one-to-one interventions in outreach settings.

Exploring the experiences of health professionals directly involved in preventing second pregnancy (PSP) service delivery, and those who play a part in the referral processes, will provide evidence on features of an effective intervention especially designed to prevent

KEY POINTS

- Be flexible in providing the service to meet the needs of as many clients and potential clients as possible
- Have a willingness to communicate in the way that suits the clients. Speaking on the phone may be a more traditional means of making contact, but the client group may prefer to text
- A successful service needs to be able to respond to a referral quickly
- Healthcare professionals involved may be less interested in the outcomes in statistical terms and more focused on providing access to the client group
- An effective service will require an element of awareness-raising among other healthcare professionals.

unintended repeat pregnancies to inform the future of NHS sexual healthcare. While the data on preventing repeat teenage conceptions is limited (Hayter et al, 2016), Hadley and Evans (2013) suggest that secondary prevention programmes are more likely to be successful if they include individualised counselling, home visits, a multidisciplinary youth-oriented approach, contraception teaching and easy access to services. Furthermore, the ways in which outreach nurse practitioners help teenagers develop responsible social and sexual relationships is under-researched.

PLUGGING THE RESEARCH GAPS

To address some of these under-researched areas, a study to evaluate the effect of a home-based sexual health outreach service for teenage mothers – the P2P service – was undertaken in the north of England. It sought to explore the views and experiences of professional stakeholders who work with teenage mothers to inform guidelines or the development of similar services.

P2P works by referral. Within the first few weeks after childbirth, new teenage mothers are informed about P2P by a visiting health professional, either a midwife, health visitor or family nurse partnership worker. If agreeable, a referral is made for a home visit from a P2P nurse. When the P2P nurse attends the home, information on contraception and safe sex are provided. Contraception can and, in most cases, is provided during the visit.

Health professionals referring into or delivering the P2P service participated in focus group discussions (FGDs), which were then analysed. The analysis identified four characteristics that were perceived to be important for effectiveness: a flexible and responsive service; a commitment to breaking down barriers; awareness raising; and timely service provision.

The flexibility within the roles and responsibilities of P2P nurses was seen as crucial to effective delivery and uptake. Staff used other services as a platform to achieve the service aim and were open to helping new clients, who happened to be visiting the home during a P2P visit, access contraception and sexual health advice. As one P2P nurse explained: 'I can sometimes manage to get more than one person covered for contraception in one visit, if they are in the same house and ask for it, and I've got the right contraception with me.'

Respondents highlighted a desire to help those disadvantaged by present services. In many cases, they felt a sense of responsibility to all women in need of sexual health services. Nurses, midwives and health visitors of the P2P service strive to be flexible and inclusive, tailoring their approaches to meet the needs of the service user. The proactive efforts they make in reaching the most vulnerable young mothers are necessary to significantly reduce the risk of unintended pregnancy – a key priority identified in the *Framework for sexual health improvement in England* (DH, 2013).

MEETING NEEDS

Practitioners also identified the importance of being committed to breaking down barriers. It was discussed that sexual health remains a sensitive topic for many women and this can create a barrier to seeking contraception, especially for young women. P2P helped to break down these perceived obstacles. As one P2P nurse pointed out: 'I think for a lot of them, the P2P nurse comes in... [and] we've



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sorted it for them. Whereas it's quite hard, isn't it, to ring the GP and then you've got the receptionist saying, "Oh, what do you need to see the doctor for?"

Another barrier to be overcome was communication. Many P2P nurses reported that they tried to contact their referrals by telephone, but realised that they had to be willing to try other means, such as texting. If the young mother did not recognise the number, there was often a reluctance to answer.

'They'll see your number on the phone, they don't recognise it, so they don't pick it up. But then if you text them and say who you are... they're quite happy to text,' said one nurse.

A key element to the success of P2P was awareness-raising among both other professionals and service users. An important aspect of this was maintaining the initial impetus of 'getting the word out', and ensuring that there was a sustained commitment to awareness-raising. A health visitor said that P2P had been widely known about but this had fallen away. A midwife said that funding cuts had resulted in a reduction in information packs. A P2P nurse said: 'We used to have really good leaflets, with names and numbers. I know it's a cost thing, but now people are photocopying those and it's not very professional looking. They'll just throw it away.'

Keeping other healthcare professionals informed was recognised as key to an effective P2P service, such as sending six-monthly updates about the service to midwives and health visitors. But increased workloads and reorganisations could be a barrier to this type of awareness-raising happening. In addition, collaborative working was identified as a cornerstone to service uptake.

EFFECTIVE SERVICE

Another element of success was in providing an efficient service. There was a positive response to the referral process and praise for the speed at which the P2P nurses respond to women who are referred. Effective services from a P2P health professional's perspective appear to be based around accessibility, particularly in terms of speed and confidentiality. Previous research of this service indicates the aspects that were found to be most satisfying to young women were the confidential nature of the encounter between client/health professional, convenience of access, the flexibility of health professionals alongside the non-judgemental attitude of staff and the ongoing support (Hayter et al, 2016). From both a service user and stakeholder perspective, the service appears to be effective in terms of meeting the contraceptive needs of young mothers. Yet, during the FGDs, there was little evidence of numerical detail of the effectiveness at reducing unplanned pregnancies. This suggests that the prevention of unintended pregnancies is of less importance to staff and service users – what seems to be more of a priority in terms of measuring effectiveness is the access to sexual health advice in a discreet and timely manner.

Research by Regmi (2012) suggests that 'effectiveness' of health services is complex in nature as it can be difficult to measure, with different stakeholders having different interpretations of what makes a service effective. This study reflects that complexity.

There is a growing call from policy and research for services to adapt themselves to support young people seeking sexual healthcare. Interventions are expected to include behaviour change and health promotion activities, which address other determinants of ill health, such as smoking, drug use, and alcohol abuse (Slater and Robinson, 2014). Although P2P is about reducing rates of unintended conceptions, the ongoing support provided to those less likely to engage with sexual health professionals indicates a service that is adapting itself to support young people in a broader sense.

There are some limitations of the study, such as omitting to seek the views of professionals who did not refer into the service. They could have highlighted gaps in the reach of P2P. Nevertheless, the study has shown that P2P provides a flexible enablement approach to service delivery, which in turn facilitates positive engagement through reducing barriers to a young person's

face-to-face access to sexual health services. It is hoped that this research will inform how services are developed. **CP**

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